EXECUTIVE SUMMARY

The Supporting Evidence-Based Home Visiting to Prevent Child Maltreatment (EBHV) initiative is designed to build knowledge about how to build the infrastructure and service delivery systems necessary to implement, scale-up, and sustain evidence-based home visiting program models as a strategy to prevent child maltreatment.[1] The grantee cluster, funded by the Children's Bureau (CB) within the Administration for Children and Families (ACF) at the U.S. Department of Health and Human Services, includes 17 diverse grantees from 15 states. Each grantee selected one or more home visiting models it planned to implement for the first time in its state or community (new implementers) or to enhance, adapt for new target populations, or expand. To support the implementation of home visiting with fidelity to their evidence-based models and help ensure their long-term sustainability, the grantees are developing infrastructure such as identifying funding streams and establishing strategies for developing and supporting the home visiting workforce. The EBHV grantees must conduct local evaluations to assess implementation, outcomes, and costs associated with their selected home visiting models.

The national cross-site evaluation, conducted by Mathematica Policy Research and its partner, Chapin Hall at the University of Chicago, is designed to identify successful strategies for building infrastructure to implement or support the grantee-selected home visiting models (Koball et al. 2009). This report describes cross-site findings from the first two years of the initiative (fiscal years 2008–2010), including the planning period and early implementation of the grantee-selected home visiting models. The report primarily addresses four questions:

1. What was the state or local context with respect to home visiting as EBHV grantees planned and implemented their projects?
2. What partnerships did grantees form to support planning and early implementation of new home visiting programs?
3. What infrastructure was needed to implement home visiting program models in the early stages of the EBHV grant?
4. How did EBHV grantees and their associated home visiting implementing agencies (IAs) prepare for and implement new home visiting programs?

To answer these questions, the Mathematica-Chapin Hall team conducted site visits to ten grantees that could provide in-depth data on state-level implementation, the initiation of home visiting services, and/or infrastructure development to support home visiting. During site visits, researchers conducted interviews with grantee staff, partners contributing to infrastructure development, and a manager of a participating IA. For six of the site visits, researchers also conducted interviews with home visitors and their supervisors from IAs working with grantees providing new home visiting services. We also conducted a survey of representatives from partner organizations working with each of the 17 grantees. The survey used social network measures and

[1] Beyond preventing child maltreatment, home visiting programs target other short- and longer-term outcomes, such as (1) the quality of the parent-child relationship and attachment, (2) children's school readiness, (3) women's prenatal health, and/or (4) safety of the home environment (Bilukha et al. 2005; Gomby 2005; Olds et al. 2004; Olds et al. 2007; Sweet and Appelbaum 2004; Prinz et al. 2009).

measures of the quality of collaboration to examine the relationships among grantees' partners. It provided insight on how home visiting systems develop, the barriers to creating a system, and the patterns of communication and collaboration.

A. The Supporting Evidence- Based Home Visiting Grant Program

The EBHV initiative includes three unique features:

1. The EBHV grant was not intended to fund direct home visiting services. Rather, it was intended to help grantees build infrastructure to support evidence-based home visiting programs. To fund implementation of their selected home visiting models, grantees are to leverage their grants with other funding sources. To leverage funds, grantees partnered with ongoing home visiting programs or leveraged other sources to fund home visiting in cooperation with EBHV.
2. EBHV is a five-year initiative, with the first year devoted to planning and the remaining four years focused on implementation.
3. Each grantee is required to conduct process, outcome, and economic evaluations. Grantees identified local evaluators to conduct the evaluations.

In addition to these unique features, a number of external factors affected the EBHV grantees and the direction of the initiative. In December 2007, the United States entered a recession. The economic situation made it more challenging for the grantees to raise the funds needed for direct service and required many grantees to expend significantly more time and resources to raise those funds than originally anticipated. Then, in December 2009, CB/ACF announced to the grantees that funding for EBHV had been deleted from the federal budget after federal fiscal year (FY) 2009. Whether the funds might be replaced was unclear, leading to a period of uncertainty for the grantees.

The funding uncertainty affected two aspects of implementation and local and cross-site evaluations. First, although the EBHV funds were not meant to pay directly for home visiting services, most grantees had obtained support from their partners for implementation based on receiving EBHV grant funds. For many grantees, the potential funding changes disrupted their relationships with partners and hence threatened that leveraged financial support. Thus, some grantees revised their plans for implementing home visiting services. Depending on the grantee, these revisions might have included scaling back or delaying EBHV activities or home visiting operations to conserve resources for continued implementation in future years. Some grantees also found new partners willing to contribute funding to fill possible gaps. Second, grantees revised their evaluation plans to account for changes in planned home visiting operations and to further conserve resources. CB/ACF asked grantees to maintain their local evaluations, but allowed grantees flexibility in their scope and designs in light of decreased funding.

As the EBHV grantees addressed the funding cuts, health care reform was being debated. Proposed legislation included a national home visiting program that would provide federal funding to each state. Following passage of the Affordable Health Care Act of 2010 (P.L. 111-148) on March 23, 2010, the Health Resources and Services Administration (HRSA) and ACF, both at the U.S. Department of Health and Human Services, jointly announced the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program, which began in FY 2010. The program aims to further the development of comprehensive statewide early childhood systems that emphasize the provision of health, development, early learning, child abuse and neglect prevention, and family

support services for at-risk children through the receipt of home visiting services. HRSA is the lead agency for the new national home visiting program and it is working collaboratively with ACF and other federal partners. HRSA and ACF announced that state funding would be determined through a formula that included supplemental funding if the state had received an EBHV grant in 2008. As long as their state applied for funding, EBHV grantees would have the resources to implement their original plans.[2]

B. The EBHV Grantees

The 17 EBHV grantees are geographically diverse, representing 15 states (Table 1). Of the grantees, most are private, nonprofit organizations or state agencies. Grantees are implementing five different models (Healthy Families America, Nurse-Family Partnership (NFP), Parents as Teachers, SafeCare, and Triple P); most grantees are implementing one model, but three grantees are implementing multiple models. The grantees work within diverse organizational settings to support the implementation of the home visiting models. Seven grantees are the IAs implementing their selected home visiting model; six grantees contract or partner with one or more IAs to deliver services; and four grantees are state agencies managing statewide home visiting initiatives. Ten EBHV grantees are newly implementing their selected home visiting models; the other seven grantees are building infrastructure to support existing programs or expanding implementation to new geographic areas or target populations.

C. The State and Local Context for Home Visiting

Nearly all grantees described rising levels of enthusiasm at the state and local levels for evidence-based home visiting. Clearly, the expectation of MIECHV in part drove this interest. Several grantees, however, reported that interest in evidence-based home visiting models preceded the new legislation and stemmed from recommendations to implement evidence-based models made by state-appointed committees and other state and local entities working to examine strategies to reduce child abuse and/or improve other child outcomes. Grantees and their partners attributed this swell of interest to two factors: (1) the need to decide which programs to fund during a period of diminishing state and local budgets, and (2) high expectations about the promise of evidence-based models to achieve outcomes. Officials preferred to use their limited resources to support programs that had shown effectiveness in achieving outcomes, rather than programs without existing evidence.

In all 15 states in which the EBHV grantees are located, grantee staff and their partners identified at least one home visiting model that was already in operation. Although at least 13 of the 15 states had implemented one or more national models before 2008, including some that were chosen for implementation by EBHV grantees, fidelity to program models may not have been assured. Several states with EBHV grantees had passed legislation that either mandated the

[2] Funding for MIECHV would be distributed to states using a formula determined by (1) an equal base allocation for each state; (2) an amount equal to the funds, if any, currently provided to a state or entity within that state under the EBHV program; and (3) an amount based on the number of children in families at or below 100 percent of the federal poverty level in the state as compared to the number of such children nationally. Thus 15 states with EBHV grantees would pass funds to those grantees (source: funding announcement [http://apply07.grants.gov/apply/opportunities/instructions/oppHRSA-10-275-cfda93.505-cid4513-instructions.doc] accessed June 11, 2010).

Table 1. EBHV Grantees' Characteristics and Implementation Status as of Spring 2010

State	Grantee	Grantee Type	Organizational Role of Grantee	Program Model	Implementation Status
CA	County of Solano Department of Health and Social Services	County agency	IA	NFP	New
CA	Rady Children's Hospital, San Diego	Hospital (research center)	Partners with IA	SC	New
CO	Colorado Judicial Department	State agency	Partners with IA	SC	New
DE	Children & Families First	Private, nonprofit	IA	NFP	New
HI	Hawaii Department of Health	State agency	Partners with IA	HFA	Continuing
IL	Illinois Department of Human Services	State agency	Statewide manager	NFP	Continuing
				HFA	Continuing
				PAT	Continuing
MN	Minnesota Department of Health	State agency	Statewide manager	NFP	Expanding
NJ	New Jersey Department of Children and Families	State agency	Statewide manager	NFP	Expanding
				HFA	Continuing
				PAT	Expanding
NY	Society for the Protection and Care of Children, Rochester	Private, nonprofit	IA	PAT	Continuing
OH	Mercy St. Vincent Medical Center	Hospital (safety net)	IA	HFA	New
OK	The University of Oklahoma Health Sciences Center	University research center	Partners with IA	SC	Expanding
RI	Rhode Island KIDS COUNT	Private, nonprofit	Partners with IA	NFP	New
SC	The Children's Trust Fund of South Carolina	Private, nonprofit	Partners with IA	NFP	New
TN	Child & Family Tennessee	Private, nonprofit	IA	NFP	New
TN	Le Bonheur Community Health and Well-Being	Private, nonprofit	IA	NFP	New
TX	DePelchin Children's Center	Private, nonprofit	IA	Triple P	New
UT	Utah Department of Health	State agency	Statewide manager	HFA	Continuing
				NFP	Continuing

Source: Mathematica site visits and telephone interviews, spring 2010.

HFA = Healthy Families America; NFP = Nurse-Family Partnership; PAT = Parents as Teachers; SC = SafeCare.

early childhood objectives as a method for achieving desired outcomes. In addition to plans, several of the EBHV grantee states had funding streams in place to support home visiting. States tended to support home visiting through a line item in the budget (given to departments of health or lead Community-Based Child Abuse Prevention agencies) or by using Temporary Assistance for Needy Families (TANF) dollars.

Often related to the nascent (or in some cases well-established) interest in evidence-based home visiting models at the state level were collaborative activities grantees had engaged in over the years to establish the groundwork for bringing evidence-based models to their states or local communities. Most grantees explained that their work stemming from the EBHV grant built upon previous efforts to collaborate and partner with other agencies, in some cases over the course of many years. Other grantees relied on more recent efforts as they applied for the EBHV grant. A few grantees reported that, before the current EBHV grant, there was little contact with or coordination between their implementation and evaluation of a child abuse and neglect prevention program or created statewide

home visiting programs. Others had included home visiting in their statewide plans for addressing agencies and relevant state agencies, despite the state's indicating support of the EBHV grant application.

D. Focus of the Planning Period

EBHV grantees engaged in intensive planning activities both during the grant application process and the initial planning year of the initiative. Grantees new to implementing their selected home visiting model reported focusing on three areas related to funding and operating home visiting services: (1) engaging funders and planning for sustainability, (2) selecting IAs to provide direct home visiting services, and (3) developing partnerships in the communities in which they were to implement services. In contrast, grantees that were enhancing or expanding an existing model focused on the following planning activities related to systems enhancements:

- Training to enhance the quality of existing home visiting programs and a statewide structure of collaboration
- Adapting selected program models to serve families in tribal communities, Latino families, and other groups
- Developing a central intake and referral system based on a common risk assessment tool
- Developing a data management system to support continuous improvement
- Developing a data system to support programs and track home visiting activities in the state

Grantees described three main types of collaboration activities they carried out (not all grantees used all three activities). First, they developed partnerships at both the community and state levels to build support for the EBHV initiative among a range of local and state service provider and advocacy organizations. Second, they formed partnerships with local foundations, state agencies, and other potential funders to support the sustainability of their selected home visiting model. Third, they built partnerships to facilitate referrals to home visiting programs, reinforce the use of common risk assessment and screening tools, and develop central intake and triage systems to support referrals to multiple home visiting programs within a single community. In addition to developing partnerships with individual organizations, most EBHV grantees also formed or participated in community or statewide collaborative groups.

E. Partnerships Formed by EBHV Grantees

During the first 18 months of the EBHV initiative, grantees tapped existing community- and state-level collaborative groups and partnerships and developed new partnerships and cross-agency steering committees, to help guide the planning process. All grantees partnered with at least one local or state agency, and most partnered with community-based service providers, national model purveyors, and universities.[3] Health care organizations were also common partners; eight grantees

[3] One development in the home visiting field is the transition from locally developed, mostly ad-hoc home visiting approaches to those developed by academic researchers and their program partners, some of whom have established implementation support for their models on a national level—hence the term "national models." The purveyor is the

partnered with a hospital, four with another type of health care organization, and one with a health plan. Community-based service providers, hospitals, other health care organizations, and other nonprofits worked in partnership with EBHV grantees. Local or state agencies, universities, and foundations also collaborated with grantees, along with national model purveyors.

F. Infrastructure to Support Evidence- Based Home Visiting Programs

Effective evidence-based programs depend on different kinds of infrastructure capacities, such as establishing lasting relationships between home visitors and families, having well-trained and culturally competent staff, providing high quality supervision, coordinating home visiting services and referral processes, and maintaining other external resources and supports (Daro 2006). Capacity is defined as "the skills, motivation, knowledge, and attitudes necessary to implement innovations" that exist at the individual, organizational, and community levels (Wandersman et al. 2006). Though their chosen area of emphasis differs, EBHV grantees are aiming to build infrastructure capacity in eight areas: (1) planning, (2) collaboration, (3) operations, (4) workforce development, (5) fiscal support, (6) community and political support, (7) communications, and (8) evaluation.

In addition to enhancing their planning and collaborations as described in Section E, each of the EBHV grantees and their partners reported working on most, if not all, of six other areas of infrastructure development, but their activities depended on their situations—which vary in the following important ways.

- Grantees starting new home visiting programs reported focusing on building organization-level operational and workforce development-related infrastructure. This included recruiting and hiring a qualified workforce, training and certifying staff and supervisors as home visitors and coaches, and obtaining approval from their national program model purveyors to start their operations.
- Grantees with existing home visiting programs tended to focus efforts on developing statewide assessment, referral, intake, training, or evaluation-related data systems. They are actively building infrastructure at both the organizational and state levels.
- Some grantees are state agencies in states with no direct management of home visiting programs. These grantees are building broad-based systems to provide training, coaching, operational technical assistance, evaluation, and ongoing funding streams to support local home visiting services.
- In a number of areas, particularly in communications and evaluation, grantees reported doing less infrastructure development than originally planned. These activities were reprioritized in part to align with changes in local, state, and federal economic circumstances, which affected public and private funding streams and sources.
- Due to uncertainty as to whether the EBHV initiative funding would continue after September 2010, during 2010 grantees focused considerably more attention than they

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(continued)
person or organization that gives permission to use the model and provides training, materials, or infrastructure (such as data bases) required to implement it; may or may not be the same person or organization that developed the model.

had originally planned on building fiscal capacity to preserve their grant activities and continue their programs in both the short and long term.

- Based on their work so far, grantees described a number of barriers to their infrastructure-building work. They faced difficulties (1) building fiscal support given economic constraints, (2) building political support when many local and state governments were looking to cut support to social support programs, (3) justifying the need for a continuum of home visiting services, and (4) addressing concerns about local evaluation plans. To overcome these barriers, grantees devised various approaches, most of which relied on building strong partnerships with diverse stakeholders.

G. Beginning New Home Visiting Models

Home visiting operations for all grantees were affected by the economic downturn, the resulting fiscal stress on states, and the disruption in EBHV grant funding. These factors delayed implementation of home visiting services in some sites. Many grantees and implementing agencies—but not all—had to slow down their plans, found enrollment lagging behind their initial projections, or even saw home visiting services shrink due to funding cuts. Delays also occurred because planning and/or application processes for national model accreditation took longer than anticipated.

Despite these challenges, most grantees that planned to implement a model for the first time successfully launched program operations. They worked with program model purveyors, hired and trained staff, and began conducting home visiting with new enrollees. Their experiences provide useful insights about implementing evidence-based home visiting programs, especially hiring and supporting staff, and suggest lessons for EBHV grantees or others planning to operate similar programs.

1. Working with Model Purveyors

All five of the home visiting program models implemented under the EBHV initiative had requirements in place for new agencies wishing to implement their models, or for expanding models to new locations. Some grantees and IA managers described the accreditation process required by their model purveyors as time consuming. However, they also reported that aspects of the detailed process ultimately ensured fuller preparation for implementation, by making sure that they had addressed a range of issues well before implementation began.

In addition to working with model purveyors to meet accreditation requirements, organizations may need to work on their own and with purveyors to adapt or enhance models to new target populations. Two of the 17 EBHV grantees focused their grant activities on adapting or enhancing the home visiting models they selected for new target populations. Both were expanding their selected models: Minnesota was planning to expand NFP to tribal communities within the state, and Oklahoma aimed to implement a culturally competent model of SafeCare within Latino communities in Oklahoma City.

Along with establishing requirements, purveyors of home visiting models also provided important assistance and supports to grantees and IAs. In addition to the initial training they received on program models, staff reported during interviews that the purveyors offered additional training and support on a range of topics, assigned a consultant or regional representative to provide technical assistance, assisted with logistical issues, and helped resolve technology and infrastructure issues such as downloading materials from the program model's website.

2. Staffing Home Visiting Programs

The home visiting models selected by EBHV grantees vary in their educational requirements, for home visitors with some models' requiring home visitors with at least a bachelors' degree and others not specifying minimum educational requirements for staff. In addition to these requirements, EBHV grantees and IAs described going beyond model requirements and seeking candidates with prior experience and other professional characteristics and skills they deemed important. They reported seeking candidates who were comfortable working with families with many needs, hard working, passionate about the work, and could work independently while being comfortable receiving supervisory feedback. Finding home visitors who met all these criteria was not always a simple task. Three main challenges emerged:

- **Finding bilingual home visitors.** Several agencies were unable to locate bilingual candidates. In an effort to address this challenge, one agency worked closely with NFP's national service office. The agency hired a dedicated, full-time interpreter who accompanied the home visitors into homes where English was not the primary language spoken by the family. The interpreter completed all NFP required trainings and also received training designed to help the interpreter learn to facilitate rather than triangulate the relationship between the nurses and the families.
- **Identifying culturally competent home visitors.** In an effort to match home visitors with the populations the program served, IAs tried to identify racially or ethnically diverse candidates who were familiar with the cultural background of their target population. Agencies noted that, even when they could identify someone who spoke the language, it did not mean that the individual was culturally competent.
- **Salary competition.** Several agencies, particularly those implementing NFP, spoke about salary competition from other employers, such as hospitals that could offer nurses a higher salary than IAs could offer nurse home visitors.

3. Training Staff

In order to begin serving families, all of the models selected by EBHV grantees require that home visitors and supervisors complete initial training or a series of trainings provided by the model purveyor. Such staff training is a component of the accreditation process and typically involves one or more three- to five-day workshops. Supervisors must complete the training required of home visitors, plus additional training or post-training consultation specifically focused on supervision.

Participants we interviewed expressed satisfaction with training. That said, some supervisors and home visitors felt that the trainings focused too heavily on the theory of the model and less on the realities of conducting home visits and delivering the curriculum. In addition, the cost and time associated with required training need to be factored in when planning to implement models. Supervisors described the main challenges of the initial trainings as (1) the costs associated with sending staff to training, (2) the time needed to train new staff, and (3) resistance from some staff to structured training (and to supervision). Supervisors described the first two challenges as particularly difficult to address when dealing with staff turnover.

4. Conducting Home Visits

The rewards to the home visitor can be many. Those we interviewed described their joy in building strong relationships with families, and feeling encouraged when families made positive

changes. Home visitors enjoyed observing parents using behaviors with their children that home visitors had shown them in previous visits. They also reported increasing security in a home, increasing healthy birth outcomes for pregnant women, and elevating parenting skills as important successes of their work. Along with these rewards, the home visitors we interviewed also reported facing challenges in their work—some unique to home visiting or stemming from special requirements for program models. They cited the following challenges:

- Managing multiple responsibilities, including preparing for visits and completing paperwork
- Completing the number of home visits required by each program model
- Balancing the amount of time spent during home visits managing issues faced by the family and delivering the curriculum
- Addressing crises that families were experiencing, and dealing with distractions caused by other children in the home
- Overcoming client resistance to new ideas and changing behavior

5. The Role of Supervision

Supervision is an important support to help home visitors cope with the challenges that come with their jobs, along with a way to monitor fidelity to evidence-based models. Supervisors for some home visiting models reported providing one-on-one supervision as well as group meetings with home visitors, to help them meet the needs of families on their caseloads. Some used "reflective supervision" (exploring the home visitor's experiences with families and children, reflecting on their feelings and behaviors related to home visits, and discussing both personal and professional responses to families' situations) to support home visitors in building relationships with families.

To help ensure model fidelity, supervisors review documentation and case files and meet with home visitors to discuss whether they are able to meet with families at the frequency intended and cover the content as outlined in the model. Supervisors periodically conduct home visits with staff and/or review audio recordings of visits, in order to assess home visitors' adherence to dynamic aspects of the models such as whether home visitors are delivering services and interacting with families in the manner intended. Supervisors also used administrative data to assess fidelity and to better understand how home visitors worked with families. Program data (such as on the characteristics of families and the frequency of home visits), case notes, and their observations in the field enabled supervisors to identify families home visitors might be struggling to reach and ensure that home visitors were implementing the models as planned. Operational problems commonly identified by supervisors through these methods included (1) families who frequently canceled visits, (2) families who frequently received longer-than-expected visits, and (3) home visitors who did not complete required paperwork within specified timeframes or who completed documentation incorrectly.

Such intensive supervision can present logistical challenges, and may not be welcomed by all home visitors. Supervisors and home visitors were not always able to conduct supervision as frequently as planned, largely because either the home visitors needed to use the time to meet with a client or the supervisors had to work on other managerial tasks. Some staff members were unaccustomed to being shadowed and/or expected to participate in weekly supervision, so they were resistant to this level of oversight, at least initially. Nevertheless, the home visitors we interviewed

during site visits overwhelmingly reported feeling supported by their supervisors. Regardless of model, the home visitors said their supervisors were approachable and found it easy to talk with them.

H. Looking Forward

In June 2010, the Children's Bureau informed its EBHV grantees that, through a coordinated effort between CB/ACF and HRSA, funds from MIECHV would be used to restore funding to EBHV grantees.[4] By fall 2010, EBHV grantees were making necessary arrangements to obtain the funding and looking forward to continuing their grant-related operations through the original five-year timeline of the grant program, slated to end in September 2013. In October 2010, we had the opportunity to obtain updated information from the grantees on (1) how, if at all, they were working with their state MIECHV lead agency to integrate EBHV grant activities with emerging state home visiting agendas, (2) the status of implementation of home visiting services associated with EBHV grant activities, and (3) revisions they had made to their local evaluation plans, particularly their efforts to reinstate family and child outcome studies. Grantees reported the following:

- ***Coordination with MIECHV.*** In South Carolina, the EBHV grantee—The Children's Trust Fund—became the lead agency. In Hawaii, Illinois, Minnesota, and Utah, state agencies that had received the EBHV grant also became the MIECHV lead agency. Five other grantees had pre-existing relationships with their states' MIECHV lead agencies. As of October 2010, the other seven grantees had contacted and begun working with their states' lead agencies.

- ***Implementation status***. By October home visiting operations had begun or continued in all 15 sites where grantees had planned to implement home visiting or study outcomes in existing programs as part of their EBHV grant-related activities. Despite some delays in staffing programs and enrollment, families had been enrolled in home visiting.

- ***Local family and child outcome evaluations.*** Differences between the expected and actual pace of enrollment in home visiting reduced the number of families who could participate in local family and child outcome evaluations, so by October some grantees had to re-think their original plans. In some sites, enrollment in home visiting programs included in the evaluation proceeded more slowly than hoped, for a variety of reasons. Delays in staffing their home visiting programs required IAs to delay enrolling participants until home visiting and supervisor positions could be filled. Referral processes in some sites needed time to stabilize. These delays shrunk sample sizes or made it more difficult for evaluators to collect follow-up data over as long a time period as specified in their evaluation plans. In other sites, enrollment in the home visiting programs moved forward while the evaluation was delayed (often due to the disruptions in the EBHV funding). As a result, programs were reaching capacity, leaving few families eligible to participate in the evaluation.

- ***Other local evaluation components.*** As required by CB/ACF and specified in the original grant announcement, process and economic evaluations (cost, cost-effectiveness,

[4] Funding announcement [http://apply07.grants.gov/apply/opportunities/instructions/oppHRSA-10-275-cfda93.505-cid4513-instructions.doc] accessed June 11, 2010.

or cost-benefit studies) were also required as part of the EBHV initiative. By October 2010, local evaluators from nearly all grantees had begun or were about to begin these study components.

I. Next Steps for the Cross- Site Evaluation

A main focus for the cross-site evaluation team in year 3 of the EBHV grant (FY 2010) will be providing technical assistance to help grantees launch and conduct their outcome evaluations. In addition to providing one-on-one assistance as requested by individual grantees and/or local evaluators, we will also complete and disseminate training materials on core child and family outcome measures planned for collection and use in local outcome evaluations. Liaisons working with each grantee will also monitor study enrollment and provide advice as needed on retaining and locating study members for data collection or other operational issues important for completing planned local evaluations. The team will work with grantees and evaluators on developing local evaluation reports that contribute information on program impacts, implementation, model adaptations, or other relevant topics that can contribute to existing knowledge and literature on home visiting and maltreatment prevention.

Mathematica will collect updated information on the infrastructure-building goals and activities of each grantee in late spring 2011, as part of the system change dimension of the cross-site evaluation. Mathematica will issue a report based on this information in fall 2011. In addition, a second wave of the EBHV Grantee Partner Survey will be administered in FY 2011.